



State of Washington  
Department of Ecology  
Wastewater Certification Program

**Application for Course Relevancy Review and  
Continuing Education Unit (CEU) Assignment Confirmation**

All Continuing Education Unit (CEU) assignments made by trainers or sponsors of training must conform to the criteria and guidelines of the International Association for Continuing Education and Training (IACET). The Department of Ecology will not be making CEU assignments. **Ecology will review your training or course for relevancy to the wastewater profession, determine how many CEUs to accept (total assigned or some lesser amount), and notify you of the action taken.**

Please complete the following questions.

1. Has this course been evaluated previously? ☐ Yes ☐ No

If yes, by what state/organization and when? \_\_\_\_\_

2. How many CEUs were assigned/accepted for this course? \_\_\_\_\_

3. Was this course evaluated and assigned CEUs previously under a different title? ☐ Yes ☐ No

If yes, provide former title: \_\_\_\_\_

*If this course was previously reviewed by the Washington Environmental Training Resource Center (WETRC) or Ecology and CEUs were assigned, you do not need to complete the entire form. Complete only the questions with asterisks (4, 5, 6, and 9).*

Training provided by the Water Environment Federation, California State University, Sacramento (Ken Kerri Correspondence Courses), and certain others will not require review by Ecology. Call (206) 438-7043 for more information.

**Complete the remainder of the form for all new training and courses.**

\*4. **Course dates:** Starting \_\_\_\_\_ Completion \_\_\_\_\_

\*5. **Course sponsor:**

Name \_\_\_\_\_

Contact person \_\_\_\_\_

Mailing address \_\_\_\_\_

Telephone no. \_\_\_\_\_

\*6. **Course title:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. **Course location:** \_\_\_\_\_  
\_\_\_\_\_

8. **Course outline:**  
Attach training brochure/course syllabus which includes topics to be presented, or provide details.  
Use *Attachment A* for multiple presenters.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*9. **Course instructor(s):**  
Provide titles and description of qualification, verifying competence in subject matter, or complete  
*Attachment B*.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. **Course timeline:**  
Attach Time Schedule. Provide details or use *Attachment C*.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. **Course text:**  
Provide titles of textbooks or reference materials, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. **Course purpose:**  
How does this training relate to the operation, maintenance or management of a wastewater  
treatment plant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. **Course attendance:**

How will attendance be monitored and verified?

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14. **Course assessment:**

How will participant achievement of learning be measured?

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15. **CEU assignment:**

- One CEU is awarded for each 10 contact hours of instruction.
- The 60-minute clock hour is used as the contact hour.
- Any fractional portion of an instructional hour is not counted (for example, 1.2 CEUs are assigned to 12, 12.5, or 12.75 contact hours).

\_\_\_\_\_ CEUs are assigned to this course.

Course sponsor certifies by signature that all information is true and correct, and that a permanent record of participation will be maintained for each course participant.

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*Signature*

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*Date*

Return completed form to: Poppy Carre  
Department of Ecology  
Wastewater Certification Program  
P.O. Box 47600  
Olympia, WA 98504-7600

*If you need this publication in an alternate format, please contact us at 360-407-6401 or TTY (for the speech and hearing impaired) at 711 or 1-800-833-6388.*



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**Attachment A**  
**Session Description\***

Course title: \_\_\_\_\_

Course date: \_\_\_\_\_

Chair or proctor: \_\_\_\_\_

Session: \_\_\_\_\_

1. Instructor \_\_\_\_\_  
Employer \_\_\_\_\_  
Subject \_\_\_\_\_  
Background of instructor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Instructor \_\_\_\_\_  
Employer \_\_\_\_\_  
Subject \_\_\_\_\_  
Background of instructor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Instructor \_\_\_\_\_  
Employer \_\_\_\_\_  
Subject \_\_\_\_\_  
Background of instructor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Instructor \_\_\_\_\_  
Employer \_\_\_\_\_  
Subject \_\_\_\_\_  
Background of instructor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Instructor \_\_\_\_\_  
Employer \_\_\_\_\_  
Subject \_\_\_\_\_  
Background of instructor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Instructor \_\_\_\_\_  
Employer \_\_\_\_\_  
Subject \_\_\_\_\_  
Background of instructor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Note: For multiple presenters in a session or “block” of instruction, list background of instructors which qualifies them to conduct the specific course being evaluated.



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**Attachment B**  
**Instructor Background and Information Form**

Presentation title: \_\_\_\_\_

Presenter: \_\_\_\_\_

Job title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Summary of lesson content: \_\_\_\_\_

Learning objectives: \_\_\_\_\_

**Professional background:** *A brief (2 page max) resume may be submitted in lieu of the following data. Please be sure resume includes all requested information. Qualifications should be related to your presentation.*

Primary responsibilities: \_\_\_\_\_

Related previous employment (firm name, title, and date): \_\_\_\_\_

Education (colleges and degrees): \_\_\_\_\_

Professional registration/certification: \_\_\_\_\_

Related papers/instruction you have presented:

Title \_\_\_\_\_ Date \_\_\_\_\_ Event \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_ Event \_\_\_\_\_

Professional organizations/activities:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Course sponsor:

Signature of instructor: \_\_\_\_\_ Date: \_\_\_\_\_



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**Attachment C  
Time Schedule**

Day One			Day Two		
Time	Topic	Presenter	Time	Topic	Presenter
8:00			8:00		
8:15			8:15		
8:30			8:30		
8:45			8:45		
9:00			9:00		
9:15			9:15		
9:30			9:30		
9:45			9:45		
10:00			10:00		
10:15			10:15		
10:30			10:30		
10:45			10:45		
11:00			11:00		
11:15			11:15		
11:30			11:30		
11:45			11:45		
12:00			12:00		
12:15			12:15		
12:30			12:30		
12:45			12:45		
1:00			1:00		
1:15			1:15		
1:30			1:30		
1:45			1:45		
2:00			2:00		
2:15			2:15		
2:30			2:30		
2:45			2:45		
3:00			3:00		
3:15			3:15		
3:30			3:30		
3:45			3:45		
4:00			4:00		
4:15			4:15		
4:30			4:30		
4:45			4:45		
5:00			5:00		
Other Time			Other Time		



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**Attachment D**  
**Sample Certificate**

**Acme School of Environmental Training**

This is to certify that

*John Smith*

has successfully completed a program in the

**Operation of Wastewater Treatment Plants**

March 16, 17, and 18, 1992

Earning two (2) Continuing Education Units

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Instructor

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Director of Program

Acme School of Environmental Training  
123 Center Street  
Happy Town, Washington 98000